€,FPA	ENTIAL HAZARDOUS WA					NUMBER	
	INAL STRATEGY DETERM			4		XOZ	
File this form in the regional Hazardo System;, Hazardous Waste Enforcement	nt Task Force (EN-335); 401 N	a copy to: U.S 1 St., SW; Wash	ington, DC	20460.	tection Age	ency; Site	Trackin
A. SITE NAME	I. SITE IDENT	IFICATION		TXI	1774	2488	5
	payport	12001	BAY	AREA	BLUD		
C. CITY Pasancula	(Hanne C)	D. STATE			E. ZIF	CODE	
TASTIVENA	(HARRIS CO.)	PHINATION			1 /	7507	
Indicate the recommended action(s) as			rking 'X' i	n the appro	priate box	es.	
RECOMMENDATION			MARK'X'	EPA	STATE	LOCAL	PRIVAT
A. NO ACTION NEEDED			×		· was	Sec. 12	25.5
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (II yes, complete Section III.)				- 24-5			1 = 105
C. REMEDIAL ACTION (If yee, complete	Section IV.)						
D. ENFORCEMENT ACTION (If yes, spe menaged by the EPA or the State and	ill be primarily anticipated.)						
E. RATIONALE FOR FINAL STRATEGY	DETERMINATION						
ETA PRELIMINARY	ASSESSMENT INDIC	ATES SI	TE 15	A PR	OPELE	NE	
MANUFACTURING FA							_
F. IF A CASE DEVELOPMENT PLAN HI THE DATE PREPARED (mo., day, & y	AS BEEN PREPARED, SPECIFY		DRCEMENT	CASE HAS			
F. IF A CASE DEVELOPMENT PLAN H. THE DATE PREPARED (mo., day, & y H. PREPARER INFORMATION	AS BEEN PREPARED, SPECIFY	G. IF AN ENFO	ORCEMENT D (mo., day	CASE HAS	BEEN FIL	ED, SPEC	FY THE
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		IV.	REMEDIAL ACT	ONS	
	trict access,	provide alte			ten or planned to bring the site und for a list of Key Words for each of
1. ACTION	2. ACTION START DATE (mo,day,&yr)	3. ACTION END DATE (mo,dey,&yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				s ·	
				s	
				s	
	-			s	
				s	
				s	
B. LONG TERM STRATEGY (C wells, etc. See instructions	2. ACTION START DATE	3. ACTION END DATE	4. ACTION AGENCY (EPA, State	ions to be used in the s	6. SPECIFY 311 OR OTHER ACTIO
	(mo, day, & yr)	(mo,day,&yr)	Private Party)	s	THE WORK REQUIRED.
				s	
				s	
	-			s	
				s	
				s ,	
C. MANHOURS AND COST BY	ACTION AG	ENCY			
1. ACTION AGENCY			2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES	
e. EPA					s
b. STATE					
b. STATE					S
b. STATE c. PRIVATE PARTIES					s

EPA Form T2070-5 (10-79) REVERSE